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MARYLAND
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BALTIMORE.

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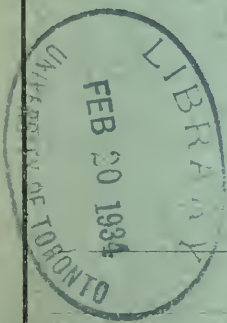
H. E. T. MANNING, M. D., T. A. ASHBY, M. D.


NOVEMBER, 1877.

PUBLISHED MONTHLY BY
MANNING & ASHBY,
PROPRIETORS.

PRINTED BY J. H. FÖSTER, BALTIMORE.

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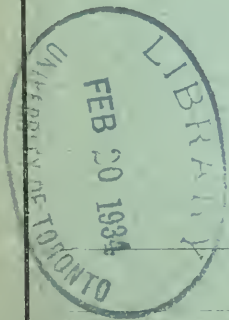
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MARYLAND MEDICAL JOURNAL,

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MARYLAND MEDICAL JOURNAL.

VOL. II.

BALTIMORE, NOVEMBER, 1877.

No. 1.

ORIGINAL PAPERS.

NOTES ON RELATIONS BETWEEN GENERAL PRACTICE AND SPECIALTIES IN MEDICINE.

BY RICHARD M'SHERRY, M. D., PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, UNIVERSITY OF MARYLAND.

(Read before Baltimore Academy of Medicine, October 16, 1877.)

The diffusion of medical knowledge, and the extension of medical or cognate sciences, have opened a field in the past few years far too great to be cultivated successfully by any one man, no matter what his abilities. Chemistry and Physiology, for example, are life studies, and the man who will master either of them, as now known or understood, will not be the skilful practical physician who is at work by day and by night at the bedside, or on the road, and who rarely has two consecutive hours at his own disposal. And yet these two sciences, wide reaching and comprehensive as they are now, are really but inchoate, and as far as we can look forward into the future, we cannot foresee the time when investigators will not find the field still open for discoveries—*nec ulli nato*, as was said two thousand years ago, *post mille sæcula, precluditur occasio aliquid adjiciendi*.

It is not much more than the allotted time of a human life since American practitioners for the most part learned the elements of their art, for it was little else, from private preceptors, and a very few text-books. In this state (Maryland) the licentiate in medicine, who had passed through no collegiate career, represented the general practitioner.

He had acquired all medicine, as he thought, when he knew something of descriptive anatomy, the first elements of chemistry, the use of a few drugs, and enough of the practice of medicine, to make a diagnosis between synocha, synochus and typhus, and between small-pox and the other form. He had a little surgery too, which was but too often rather destructive than conservative. As a general practitioner, he attended to all sorts of cases, including all the specialties as we have them now. He could bleed, and cup, and draw teeth, and set broken limbs, and deliver the farmer's wife of triplets, mayhap, to the great edification of the surrounding country. But he did too much to do everything well. In the progress of medicine, it was soon apparent that some had special gifts for surgery; that some surpassed their fellows in obstetrics; and that some, after Lænnec's discoveries, were much more skilled in diseases of the chest than others. After Lænnec, Dr. Bright brought another field under culture, and some practitioners grew famous in the knowledge of diseases of the urinary organs. And herein we see illustrations of the beginnings of the specialties. On the foundation of a good general and medical education, a man of fair abilities may make himself master of the known in any branch of medicine, but he could not master every branch even if he were to give his whole life to study, a thing impracticable when the exigencies of practice are considered, and ultimately, we only want medicine for practice.

Specialties then, though much decried, have become inevitable. A man suffering with his eyes will go as naturally to an oculist for relief, as one suffering with his teeth, will go to a dentist.

But the question arises, is all medicine hereafter to be so broken up and divided into specialties that the general practitioner, the family physician, shall vacate his place, and be seen no more? Some think so, but I cannot agree with them. The learned and skilful physician will hold his position as general adviser in all matters of health, including hygiene with medicine. He will usually stand between the patient and the specialist, giving the advantage of his knowledge to the one and to the other. He will recognize the fact that he ought not to attempt to remove a cataract, or an ovarian tumor, or a laryngeal growth,

once every five years, it may be, when he knows that near by are three skilled men who perform these operations frequently, perhaps daily. He may be as wise as, or wiser than they, but it is scarcely possible that he can operate as well. Shall he then, without future care from himself, turn over his patients unconditionally to specialists? As a rule he should not. It has been said satirically of microscopists that they can see under their lenses whatever they want to see, and it may be said that specialists are too apt to fix their attention upon matters pertaining to their specialty to observe other and sometimes more urgent disorders. I have heard of a distinguished gynecologist's operating on a patient for uterine disease while she was near death's door with a pulmonary affection, which soon proved fatal, and which he had entirely overlooked. The late Professor Frick told me he was once examiner for a London life insurance company, the agent whereof told him the company had to dissolve relations with three very eminent London physicians, men of special repute, who found respectively that nearly every applicant for insurance, had, with one, some occult gastric disease, with another some cardiac disorder, and with the third, at least incipient if not developed disease of the kidneys. The company, it seems not unwisely preferred taking some risks to refusing all applications.

Disease has its unities. The same blood permeates all parts of the animal organic structure; and the nerves of one part always acknowledge their relationship with the whole. General disease induces local developments; local diseases induce very commonly more or less of general disorder in the living economy. It is a well known fact that different symptoms come from the same lesions, while on the other hand, like symptoms may come from different lesions; moreover, it may happen, and it does happen, that various prominent organs are diseased together by dependence one upon the other, or independently. If each great organ or system is to have its special attendant, a patient with Bright's disease may want one specialist for his urinary organs, another for the heart and vessels, and yet another for the brain and nervous system, since they all become involved, which would

involve the unfortunate patient in a category of troubles exceeding his complex maladies. There must be a medical man who has scope enough to take in all the complications, even if at times he may suggest, or approve of, a special consultation. The general practitioner must be educated to a comprehensive knowledge of all the forms of disease; the specialist should also have a large acquaintance with general pathology, otherwise he will not be properly qualified to practice his own specialty.

What kind of a specialist would he be in skin diseases, for example, who was not thoroughly conversant with the functions and diseases of the kidneys, blood, nervous system, and digestive apparatus?

What kind of an oculist would he be who could extract a cataract skilfully indeed, but who did not know that ocular disease is generally due to some remote disorder, it may be to some blood contamination, or to loss of blood, or to some affection of the spinal cord which may cause lesions of the motor and sensitive nerves of the eye? The cilio-spinal tract which is capable of influencing this organ is said by Brown-Sequard to reach as low as the tenth or eleventh dorsal vertebra, and he says that sections of the lateral half of the cord from the fifth to the eleventh affect the iris like a section of the sympathetic. (*Bull—Eye lesions in affections of spinal cord. Am. J. M. S. July 1875*). And how often does it happen that amaurosis from lesions of the posterior column of the cord precedes for a long time locomotor ataxia?

The gynecologist may treat uterine disease locally, *secundum artem* with very indifferent success if he is not mindful of remote origin as when, e. g. uterine catarrh results from venous congestion due to disease of heart or lungs, or even to prolonged constipation. (Neimeyer II, 121).

The specialist in diseases of the chest may have to treat a cough where he can detect no disease of the lungs; and he may find that the cough comes from disordered stomach and digestive organs, or merely from nervous disorder. I attended two years ago a young lady with a most singular rhythmical cough which came and went in peculiar paroxysms. It may have been a form of localized chorea. The function of the eight pair of nerves

was remarkably disordered, with great perturbation of the delicate muscles of the larynx, but there was no appreciable organic disease. She is now well.

Marshall Hall says, that a simulated *pleuritis* or *carditis* may be due to intestinal irritation, which may induce symptoms in his arrangement of 1, arachnitis; 2, pleuritis; 3, carditis; 4, peritonitis. Every practitioner can confirm this statement.

The specialist in digestive disorders may be called to treat a pulsating liver, while that organ and all the chylopoietic viscera will disclose to him no disease whatever. Let him examine the heart however, and he will almost surely find regurgitation through the tricuspid orifice. Several observers, Mr. Shaw, Berard, Dr. Frederick Taylor and others, have elaborated the relations between the hepatic and cardiac circulations so far as to show that the *vis a tergo* is not adequate to take the portal blood through the liver to the heart, but that an auxiliary suction force is required. This auxiliary force appears to be found in the function of respiration. When drawing a deep breath, the area of the space in which the heart is situated is enlarged. The pericardium is attached in such a manner above to the vessels at the base of the heart, and below to the convex surface of the diaphragm, that its parietes are stretched and held apart by each descent of that great muscle of inspiration. As a consequence of this increase of size in the cavity of the pericardium, there is a tendency for a vacuum to form in it; hence the blood accumulated in the venous trunks close to the heart, rushes to the right auricle with accelerated force. On the other hand, as soon as expiration follows, the blood in these venous trunks is either simply retarded, or regurgitates according to the force of the expiration. (*Monthly Abstract*, June 1876). Disturbance of this physiological order is the usual cause of pulsating liver, and it may not be amiss to suggest here that deep inspirations taken, as in active exercise, by promoting the portal circulation, must act as a wholesome stimulus to hepatic function.

It is needless to say how often gastro intestinal disorder is due to some very remote disease requiring the attendant's first care. A married woman called upon me some time ago to treat

her, or to cure her as she vainly hoped, of perpetual vomiting. Like the famous case of the woman with the issue of blood, she spent a great deal of money among many physicians without any benefit. My success was not greater than that of my predecessors; indeed, she died on my hands. With perpetual vomiting there was no evidence of gastritis, there was no tumor, no tenderness, and there was, for that matter was investigated, no uterine disease. The vomiting was without effort and without nausea. The one positive symptom of disease was a sense of distress about the occiput, and this she only mentioned when questioned. Some amelioration of symptoms followed the use of derivatives to the nuchal region. Withal, she died, and died suddenly as from effusion about the base of the brain. In this case treatment for gastric disease was futile or worse. If Archeus was here dethroned it was from revolt in the province of the encephalon, and not through domestic insurrection.

It is in such cases as the one just noted that, as Da Costa says, error may readily happen from overlooking the brain trouble on account of prominence of gastric symptoms.

And yet, withal, as showing how complications may run, Brown-Sequard asserts that after injuries of the corpus striatum, crus cerebri or spinal cord, softening and ulceration of the gastric mucous membrane occur; hemorrhages generally after injuries of a certain part of the pons varolii.

On the other hand, the specialist in nervous diseases will be quite at fault if he does not appreciate the origin of many of them in remote visceral disease. Just as surely as diseases of the nervous centres are productive of visceral congestions and hemorrhages, just so surely do primary visceral diseases induce cerebral or nervous disease, by reflex action or otherwise. Thus we have either of two series: first, symptoms in the viscera during the occurrence of brain lesions; or, second, symptoms of brain affections during the existence of visceral diseases, as a consequent, not a mere coincident element, from which we may understand that it is always an irritative agent which is at work.—(Dr. Dupuy Med. Record).

The specialist in nervous diseases would find himself not less surprised than the general practitioner at discovering in a patient dead of rheumatism and pneumonia as obvious maladies, the pia mater of the whole brain strongly congested, thickened and covered with a fibrino-purulent exudation of a greenish yellow color, filling the subarachnoid space. Similar appearances were observed in the internal aspect of the cerebral hemispheres, on the upper surface of the cerebellum, on the medulla oblongata, and the upper part of the spinal cord. They were found of slight intensity in the cervical portion of the cord, but became more distinct in the dorsal and lumbar regions, and were most intense in the cauda equina, where a large collection of fibro-purulent fluid was found between the arachnoid and the pia mater. There was some exudation along the choroid plexus in the lateral and third ventricles of the brain.

Is not this classical cerebro-spinal meningitis? And what symptoms had indicated these morbid changes? Obscured consciousness, intense headache, jactitation, muscular paralysis, painful sensations in the extremities, cutaneous hyperæsthesia, or anæsthesia? Not one of these symptoms was present during the ten days that this patient was in the hospital preceding his death. This case is recorded by an Italian physician as having been under his observation. The autopsy confirmed the diagnosis of pulmonary and cardiac disease; but the explanation of the cerebro-spinal lesions is left to exercise the ingenuity of medical reasoning.

The illustrations which I have just been using tend to show how the various morbid conditions which afflict our race, run together, overlap, or interblend with each other. I will not use more, but before coming to a final argument I wish to make a few passing remarks on a very delicate subject, that is, of turning obstetrics and diseases of females, over to female practitioners. There seems to be some *a priori* reasoning in favor of this course, but I believe it to be fallacious.

The practice of obstetrics requires, besides skill and coolness, very considerable physical strength, more indeed than women are likely to possess. It is true a great many cases could be left

to nature, or would require very little assistance, such as might readily be given by a female attendant, but no one knows beforehand what exigencies may occur in any case, and the attendant should *always* have the qualifications ready for any emergency. Physical strength and power of endurance are very important qualifications. It is a very exceptional woman who can carry a man's burden on her shoulders. *La femme est une malade*, says a French philosopher, and his assertion approaches the truth when applied to the highly refined and cultivated woman.

Prolonged preparatory and professional education, to say nothing of her dwelling for a time, like a ghoul, in that chamber of horrors which is an inevitable ante-room to the great temple of medicine, our Asclepion, would add nothing to her own health, or strength, or physical endurance.

Moreover, the general fact is, whatever may be made of it, that ladies have far greater confidence in men than in women in such cases. They would always prefer in times of difficulty and danger to be under the care of men, and no man can be a thoroughly capable obstetrician except through constant practice. The modern science of obstetrics, in short, requires male practitioners with all the endowments that nature, study, and hard earned experience, can give them, and it will doubtless remain in their hands.

I can speak thus the more freely because in so far as my own sentiment is concerned, I would be pleased to relegate all the onerous and arduous practice involved in gynecology and obstetrics to special practitioners.

From what has been said it may be readily understood that general practitioners and specialists must in the future maintain definite relations with each other. They must be coöperating, not antagonistic powers. The general practitioner cannot be expected to know all the advances, and all the details of every branch of medicine. It was remarked by Dr. Johnson that the human mind is so limited that it cannot take in all parts of a subject. This is a truth or a truism, which readily comes home to us. No one man knows all the known in medicine in its entirety. But it is so now and it will be to the end, that the general

practitioner will take more comprehensive views than the specialist, and that he will be better qualified to take charge of the general health of the community. He will take in disease in its complex forms, and will usually see it through its various phases. When called to a case of diphtheria, for example, he will not at the end of a week turn it over to a specialist in urinary diseases, who at the end of another week might have seeming occasion to turn it over again to a specialist in nervous diseases. Such proceeding would be irrational. The general practitioner must himself foresee these occasions, and be prepared for them. But yet it may readily happen that he will be at a loss in diagnosis or for treatment, medical or surgical, in some of the refinements where there is obscure affection of some particular portion of the organism, and where the acquirement of a capable specialist would be more exact than his own. In such cases he very properly takes counsel with the specialist. In consultation the one will give wider general knowledge, the other more accurate special knowledge. Specialists are and ought to be pioneers in their respective branches, and any progress they may make, goes shortly to the general advancement of medicine.

A competent specialist should have passed over the whole field of medicine both in study and practice for a term of years; and the general practitioner must keep up a fair acquaintance with all specialties, since there is no exact line of division between specialties and general medicine. In those countries where some have been educated for surgery and some for medicine as distinct professions, it has been found that such distinction in education is an error. The man whose life is to be devoted to the care or cure of human maladies, must not be half educated, whatever may be his destined career of practice.

Whatever may be the case in cities, our brethren in the country must necessarily be general practitioners; but they eminently, will find their labors and responsibilities greatly relieved by the aid they can get in peculiar cases from special consultations in the cities.

In consideration of the necessities and the status of medicine at this day, the following conclusions are now summarily presented:

1. The general practitioner of medicine and surgery is the principal and most important representative of our profession. He ought to be well informed in all the so-called specialties.

2. The rapid progress made in many various and devious branches of medicine cannot be followed in all details by any one practitioner; some therefore may properly become specialists. The qualified specialist should be well informed in all branches of medicine.

3. General and special practitioners, thus properly qualified, should in all suitable cases mutually give and take counsel with each other, and act as collaborators.

4. All regular physicians who are governed by a common code of ethics belong to the venerable family of the Asclepiadæ, and should make a frank acknowledgement of fraternity. And—

5. As brethern we should use all proper means to promote harmony and friendly relations among each other, and to do what lies within us for the common good of the profession and of humanity.



TRANSLATIONS.

EXAMINATION OF THE GENITAL ORGANS OF AN HYSTERICAL PATIENT. BY DE SINÉTY, (*Archives de Physiol.* 1876).—The examination had two interesting features. The patient had an ovarian tumor of the right side. At the autopsy the right ovary was found at a greater distance from the uterus than the one on the opposite side. It was much more voluminous, without presenting any special lesions. The ligament contained a supernumary ovary. The young woman died at the age of 21. Her periods were very irregular during life. Her death took place immediately after a menstrual flow. At the *post mortem* examination a large number of follicles were found in the ovaries. Follicles already described by Slawjansky and De Sinéty, which degenerate and disappear without having discharged their ova. These ovaries contained no Graafian follicles nor corpora lutea. This observation confirms those already published by De Sinéty and other authors in regard to the independence in certain conditions of the two functions of ovulation and menstruation. (See also The Ovulation Theory, by Reeves Jackson, *American Journal of Obstet.*)

POLITZER'S METHOD MODIFIED BY ROUSTAN.—BY HORTELOUP, (*Societe de Chir.*, page 685, 1876).—Horteloup says that this method invented by Roustan is but a modification of that of Politzer. The obliteration of the posterior passage is obtained by elevating the soft palate until it assumes a horizontal position. This is accomplished by movements of deglutition. These movements are of very short duration and soon become very fatiguing and Roustan proposes to replace this exertion by movements of expiration. This plan has the advantage of being executed by the patient only. For this purpose a rubber tube is employed, one end for the mouth and the other to be inserted into the nostril. The nares are kept closed by the thumb and index finger, and then it is only necessary for the patient to blow into the tube to force air into the nasal fossæ and from there into the Eustachian canal.

SYPHILITIC ORIGIN OF LEPRO. BY HUILLET, (*Nice Medical*, 1877). The author is disposed to admit the syphilitic origin of leprosy for the following reasons:

Almost all the individuals that he saw in Pondichery affected with this malady presented undoubted signs of syphilis. Syphilis is wide spread in the East Indies and the people take such poor care of themselves that the disease often makes fearful ravages. To sustain his opinion he cites the case of a woman affected with leprosy, whose father being syphilitic, impressed all the children with hereditary syphilis. For that reason the author inclines to the idea that leprosy is a degenerated form of syphilis.

TREATMENT OF SYNOVITIS HYPERPLASTICA GRANULOSA BY INJECTIONS OF CARBOLIC ACID.—By J. Schmidt, (*Centralbl. fur Chir.* No. 35, 1876).—The want of success of these injections in the treatment of white swelling is principally due to the fact, that in cases submitted to this treatment suppuration had already commenced; besides the injections were not continued long enough.

At Griefswald, says Schmidt, this style of medication applied to non-suppurating white swellings, has always given excellent results, and to encourage others in the use of this mode of treatment he cites six cases of the knee and hip which terminated in recovery.

OBSERVATIONS BY MALLOW ON CL. BERNARD'S METHOD OF ANÆSTHESIA.—(*Arbeit aus dem pharmac. Saborat. Zu Moskau, by Sokolowski, 1876*).—Nussbaum favored the method of hypodermic injection of morphia during chloroformisation which prolonged the anæsthetic action, but did not remove the dangers of the two first periods of inhalation. Surgeons have uniformly condemned this method. Bernard's plan consists in the use of the hypodermic injection immediately before the exhibition of the chloroform. Mallow has made twelve personal observations in which *mixed* anæsthesia has been most successful. Chloroform administered alone first irritates the mucous membrane which produces reflex action and the patient is asphyxiated to a certain degree. It is by reflex action, that the respiratory and vaso-motor centres are paralyzed, that the energy of the heart is weakened and that syncope is produced. If this be true the role of morphia is easily understood. It deadens the sensibility of the mucous membrane, no reflex action is produced and the period of excitement is therefore suppressed. Asphyxia and syncope are not produced by this process and for the following reasons: Anaesthesia takes place so rapidly that the doses of chloroform can not be large. Morphine excites the cardiac centres, diminishes the caliber of the blood vessels, elevates the arterial tension and has an inverse action to that of chloroform.

In summing up, morphia diminishes the cerebral excitability, anaesthesia takes place rapidly, there are no dangerous symptoms, no paralysis of the heart, no respiratory troubles and no fall of temperature. Sleep lasts longer, and the after effects are less disagreeable than after chloroform alone.

J. D. F.



REPORTS OF SOCIETIES.

MEETING OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The eighth annual meeting of the American Association for the cure of Inebriates, met in Chicago recently, the president Dr. T. L. Mason, of Brooklyn, N. Y., in the chair.

The secretary read a paper on "The Responsibility of the Production of Opium Inebriety," which had been prepared by Dr. J. B. Matteson, of Brooklyn.

The writer set forth that, within the last two or three decades, the consumption of opium has increased far in advance of its direct therapeutical need. The question to consider was whether patients indulged in the use of opium for the purpose of obtaining transient happiness or oblivion, or whether once ordered by the physician and continued indefinitely, its use caused such mental and physical changes as to engender a constant demand for it. The vast preponderance of testimony was to the effect that its use was often entered upon unconsciously, and continued until it became a physical necessity. High authorities concur that the opium habit has its inception in prescriptions ordered by physicians. It is, therefore, advisable not to recommend opium continuously for the purpose of allaying pain, especially with patients of a nervous temperament, lest the physician might become the innocent cause of setting the spark to the fire that may only be extinguished with life. The writer held that fully 80 per cent. of the cases of opium inebriety in this country may be traced to opiate prescriptions. Physicians are too ready to prescribe opiates for the relief of pain or insomnia, and too careless about seeing that, when the strict therapeutical necessity for its use has been fulfilled, the use be discontinued.

Dr. Widney said that in his experience South during the war, when opium was very scarce, the persons who had been in the habit of using it turned their attention to alcohol as a substitute. In one case a woman who had been in the habit of taking as high as twenty grains of morphine a day, drank a quart of whiskey without becoming intoxicated. Persons could use alcohol for a longer time than they could opium without becoming dependent upon it. He believed that legislation was necessary for the control of the sale of opium and its preparations.

The Rev. John Willet believed that the charges against the doctors were too sweeping, and that they were less responsible than the druggists. Great difficulty existed in reaching the facts, owing to the utter want of veracity on the part of the patients. No opium eater, in his experience, ever told the truth in regard to the origin of the habit in them. A whisky drinker would lie, but an opium eater would keep on lying all the time. The habit arises insidiously and by accident more than in any other way, and physicians, in order to guard against

the danger, should watch their patients, and substitute other and harmless prescriptions.

Dr. Earle concurred with the last speaker that physicians were not so much answerable as were the druggists. They filled prescriptions without the order of a physicians, and he believed that under the law they were allowed to hold prescriptions as private property, and might continue to hold them indefinitely. This was all wrong and legislative restriction was needed. He did not believe that the opium habit or the whiskey habit were diseases.

Dr. Day of Boston had considerable experience of such cases, and considered that the origin of the habit was more often accidental than otherwise. He blamed the druggists for the indiscriminate filing of prescriptions. He also recommended that special care should be given to the control of the sale and use of opiates. The opium habit was a most fearful disease.

The Chair considered the subject a most important one. The importations of opium are largely increasing every year, and the effect of its use on the race is very profound and wide-reaching. Somewhere a great responsibility existed, and he held the druggists most culpable. Many of them were as directly interested in the sale of opium and morphine as the saloon keeper was in selling liquor.

The Rev. John Willet followed with an elaborate paper on the diseased appetite of the drunkard, and its cure. Mr. Willet utterly disowned the miraculous-cure theory advanced by the new order of religio-temperance teachers, and claimed the recovery of the drunkard from his degraded condition must be attained by human means. He invited the "deluded zealots," who insist that the drunkard's habit and appetite can be cured by miraculous interposition, to visit an inebriate asylum and experiment on its inmates.

MEDICO CHIRURGICAL SOCIETY OF MONTREAL.

(Canada Medical Record, September.)

This Society met August 4th, the president Dr. Fenwick in the chair.

Dr. Finnie then read a paper on "Sulphur and Sulphurous Acid in the treatment of Diphtheria." It was generally believed now that the

diphtheritic membrane was fungoid in character. It had occurred to him that anything which killed this fungoid would arrest the disease—sulphur was such a remedy. The present epidemic had prevailed from November of 1876 to the present time. Till January, he had been using tr. ferri. mur. and acid carbolie locally, and quinine and iron internally, with nourishing diet and stimulants when indicated, with little success. In January he began using the sulphur treatment. The treatment consisted in burning sulphur in the room for one or two minutes every two hours, giving sulphur grs. x. every two hours internally and applying sulphurous acid locally. He cited a very severe and hopeless case which he had been treating in the old method; he began the sulphur treatment, and in 16 hours there was marked improvement and the patient recovered. The sulphur sometimes produced a relaxed state of the bowels in from 12 to 24 hours when it was necessary to lessen the dose. He had at that time treated 16 cases by that method, 11 under 10 years of age, 3 from 12 to 15 years and the rest adults, and since January he had treated two more cases in the same way, without a fatal case, and among them some had been very severe. He was satisfied of the great superiority of this treatment above all others, and strongly urged his confrères to give it a trial.

Dr. Reddy did not endorse all that Dr. Finnie said. He had tried the sulphur treatment, but combined it with the use of ammonia and iron internally.

Dr. F. W. Campbell asked what was the effect of the membrane? He had seen the membrane reproduced after peeling off, and the symptoms reappear. There was a great difference in the severity of cases; a great many cases of inflammation of the tonsils with exudation of lymph were mistaken for diphtheria. In true diphtheria the membrane was dark brown and leathery, and there was enlargement of the submaxillary glands.

Dr. Cline gave the statistics of the results of the treatment of diphtheria in the Montreal General Hospital. Out of twenty-seven cases there have been eight deaths, giving a mortality of 29 per cent. These cases had been treated on the old plan, ammonia and iron and sometimes chlorate of potash internally, and locally disinfectant gargles and washes of carbolie acid, etc., with the exception of three or four cases which had been treated by the sulphur method. The ages of the fatal cases were two 2 years, two 3 years and the rest 1, 10, 6, and 24.

Dr. Ross remarked that all the cases treated in the hospital were of a severe type, mild cases were not generally sent to hospital. It was necessary to have some idea of the severity of the cases reported in order to form any opinion as to the result of different modes of treatment. He asked if any local application of heat or cold had been used. He had lately been using ice internally and externally, and preferred it to heat. It appeared to check the swelling of the glands.

Dr. Osler, at the Boston Medical Club, had heard a paper read on the treatment of diphtheria. A great number of specifics had been advocated by different men, all of whom had reported a large number of cases attended with extraordinary success under their special mode of treatment. One man had reported 100 cases without a death.

Dr. Fenwick did not think that all cases of true diphtheria were attended with enlargement of the glands. Had seen very severe cases without such enlargement. Admitted that it was present in the majority of severe cases. The membrane was leathery, greyish, and about $\frac{1}{8}$ inch thick.

Dr. Finnie admitted the difficulty sometimes of distinguishing tonsillitis from diphtheria, yet was confident that none of his cases were cases of tonsillitis. Cited one case in which he was enabled to disprove diphtheria by the presence of a diphtheritic membrane on an abraded surface on the ear. He had used ice, but given it up on account of the discomfort its use generally produced. The local disease was not always proportionate to the severity of the general symptoms. The epidemic had been of a severe type, and out of 38 cases which he had some were very severe. Had great confidence in the sulphur treatment.

MEETING OF THE CLINICAL SOCIETY OF BALTIMORE.

The first meeting of the Clinical Society, since the adjournment for the summer, was called to order on Monday, October 1st, at 8-30 p. m., with the vice-president in the chair. Reports from the various committees showed the society to be in a most flourishing condition.

There had been a large attendance during the preceding winter and great interest had been shown by the members. The absence of any discussions on "medical etiquette", an expression common in the mouths of suspicious practitioners, which is a feature of the society,

leads to freedom of thought and harmony in debate; while the moral tone of the society is not lowered in the least.

There was an election of officers for the ensuing year which, after a good deal of balloting, resulted as follows: President, Dr. F. E. Chatard; vice-president, Dr. I. E. Atkinson; corresponding secretary and treasurer, Dr. J. Shelton Hill; recording secretary, Dr. R. B. Morison; executive committee, Drs. Tiffany, B. B. Brown and Theobald.

Dr. Tiffany gave the history of two cases under the head of "Notes on Jaborandi." The drug was given first in a case of puerperal eclampsia, and second in a case of cirrhosis of the liver. An infusion of the dried leaves was made $\mathfrak{z}\text{j}$ to $\text{f}\mathfrak{z}\text{iv}$ and the whole given at once.

A decided effect was noticed in fifteen minutes and at the end of an hour there was general abatement of symptoms, reduction in number of respiratory movements, eyes running freely and large flow of saliva. Perspiration very profuse, more flowing however from the posterior part of the body than from the anterior, where drops could be seen to "come out" as it were and run off. In answer to questions Dr. Tiffany said the convulsions in the first case were not prevented, but markedly effected for the better, being less frequent and severe.

Dr. Atkinson had seen photographs shown him in New York by Dr. Piffard, of a case of ichthyosis of the leg in which jaborandi had been used. The difference in the appearance before and after the trial of the drug was great; there was much improvement. The action of the drug was mechanical causing the perspiration to flow freely over the diseased parts: but the treatment was not probably curative.

Dr. Tiffany thought the alkaloid of jaborandi, pilocarpin, might be used to advantage in eclampsia. Dr. Hill thought such a large quantity as $\text{f}\mathfrak{z}\text{iv}$ would be given with great difficulty in many cases of eclampsia.

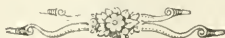
Dr. T. R. Brown showed specimen of a growth removed from the vagina of a little girl 18 months old. The little patient had been sent to him from the country in August, when he had noticed several bodies projecting from the ostium vaginae each having a distinct pedicle. Having twisted these off a finger was introduced into the vagina which was found to be filled with numberless growths lining the whole of the inside. These were torn off by the finger and the vagina left entirely clear of them. The patient was sent home and

since then a body much larger in size than any of the others had been removed by the physician in attendance, besides smaller ones. Dr. Brown judged from the appearance of the largest growth, that it might be a papilloma though no thorough examination had as yet been made with the microscope, the specimen not being sufficiently hardened.

An interesting point in the case was that preceding the appearance of these tumors, there was regularly a flow of blood much resembling the menstrual flow, accompanied with pain and vesical tenesmus. At present the child is doing well.

Dr. Theobald showed a lachrymal probe, the largest of his new series, No. 16, which is 4 mm. in diameter. During the summer it had been used frequently and was a great success. Tieman in New York had written that the new probes were often called for.

R. B. MORISON, Sec'y.



SELECTIONS.

ON CERTAIN MANIFESTATIONS OF GOUT, RHEUMATISM, AND RHEUMATOID DISEASE.

BY J. A. MENZIES, M. D. ED., F.R.C.S. ED., NAPLES.

From the number of cases which have come under my notice in the last few years of patients who have been, or are, sufferers from certain forms of uterine disease, and the connection which I think I can establish between them and rheumatism, gout, and rheumatoid disease, I am inclined to believe that the importance of heredity and diathesis in these complaints is either overlooked or underrated. Dr. West has pointed out that there is a troublesome form of gouty dysmenorrhœa, and from what I have seen myself, the gouty, rheumatic, and rheumatoid diatheses are also frequently associated with metrorrhagia and menorrhagia. I need not allude to the well-known connection between gout and asthma and bronchitis further than to say, that in female chronic bronchitic patients I have found that they have generally suffered from dysmenorrhœa, and that the bronchitis has become estab-

lished after the cessation of the catamenia. On the other hand, those who have suffered from metrorrhagia seem to incline to articular disease at the same period. But this is a question which can only be settled satisfactorily by those who have had such patients under observation for considerable periods of time, and who can speak positively, not only as to the actual disease, but also as to the heredity.

Many of these patients accept their sufferings as a matter of course, and take no steps whatever to have them alleviated. In a case recently under my notice, a lady asked me to prescribe for a friend with whom she was travelling, telling me that she was so alarmed at her state that she could not exist longer without having advice, although she knew that the step she was taking would certainly lead to a serious disagreement with her companion. And in very many other cases I have found the same carelessness or positive aversion to seeking advice. There is reason also to believe that some sufferers from dysmenorrhœa are treated for stricture of the cervix and flexions, to which latter, perhaps, undue importance is in some cases attached. If the cause of the dysmenorrhœa is mechanical, mechanical and surgical treatment will be of service, but only in this case.

Some of these patients are of a peculiar temperament. They are either in the most exuberant spirits, or in the deepest despondency. They seem hardly to know what the happy medium is. Others, from having found relief from their agony by the use of stimulants, have gradually acquired, if not actually, the habit of exceeding, at least, an inclination to indulge in more stimulant than is usually taken by ladies. And to this cause, and the peculiar temperament before mentioned, I am inclined to attribute a considerable portion of the excess in stimulants which we know is so prevalent at the present day in females of all ranks of life.

Generally, they are childless, or their children are very few. In some, as the disease progresses, miscarriages occur, and all sorts of reasons may be assigned as a cause. One cause of sterility is said to be an acid condition of the vaginal mucus, which it is only reasonable to suppose will be found in these patients. Another cause may be the condition described by Dr.

Macrae of Penicuik, in the January number of this Journal; and a third, a condition of chronic endometritis.

It is not unreasonable to suppose that the hyperacidity of the secretion may cause spasmodic stricture of the cervical canal, and also very great suffering, without stricture, in some cases. It is remarkable that several mineral springs, of undoubted efficacy in rheumatic and gouty cases, enjoy a reputation for the cure of sterility.

A few cases out of many which I have observed will show clearly enough the point which I am trying to establish. The first is interesting as showing the connection with uterine disturbance, bronchitis, and arthritic disease. Unfortunately; I find no reference in my notes as to the state of the catameuia previous to cessation.

1. When a lady who had passed the critical period came first under my notice, I was told that she was suffering from phthisis. On examination, I found nothing that warranted the belief. There was a history of severe hæmoptysis, which, on investigation, I found had followed immediately after the sudden cessation of the catamenia, caused by a severe mental shock. There was severe pain localized about the outer third of the clavicle, and great flattening of that side of the chest as compared with the other. During my examination, I was struck with a creaking and grating sound, which, on inquiry, I was told proceeded from the shoulder-joint, and I soon had proof that it could be heard a long way off. The joint had been painful and useless for a considerable time, which quite accounted for the flattening of the chest, owing to the waste of the pectoral muscles. Bronchitis was well-marked; and in addition, she suffered frequently from congestion of the kidney. The pain was either sympathetic from the shoulder-joint, or from a periostitic inflammation of the part. Dry cupping and blistering had been freely employed, but had not done much beyond affording temporary relief. Iodide of potash, however, and cod-liver oil, ameliorated her condition; but it was far too late in her case to attempt anything like curative treatment. There was said to be heredity of gout and phthisis.

2. A married lady—no family—has a tendency to gravel, very

bronchitic, suffered from dysmenorrhœa before the cessation of the catamenia.

3. A married lady, very rheumatic, and has had gravel; has had several miscarriages without apparent cause. Has three children alive, but appears to have an increasing tendency to miscarry as she grows older. Suffers much from bearing-down pains at times. I have treated her for endometritis depending on rheumatism, with marked benefit. Father very rheumatic.

4. A married woman, separated from her husband, very rheumatic; *pari passu*, with the increasing rheumatism, dysmenorrhœa appears.

5. A widow lady without children, formerly metrorrhagic. On cessation of the catamenia, suffered from arthritic disease of both knee-joints, the cartilages of which are now probably almost entirely absorbed.

6. A young lady, unmarried, very rheumatic, subject of occasional hysterical epilepsy, bronchitis, and metrorrhagia.

7. An American lady—had perpetual miscarriages, and during a period of ten years only menstruated once. Her adviser in America, by certain agents which I do not care to describe more particularly, effectually restored the secretion, and prevented conception. She had previously had children, some now living. Is a severe sufferer from chalky deposits in the hands, and cardiac affection. Heredity rheumatic.

8. A young lady, unmarried, was much disfigured by eczema of the face, which disappeared under treatment. Has since suffered from gravel, and is metrorrhagic. Had hip disease in childhood.

9. A lady, who suffered severely from dysmenorrhœa, told me that all the ladies of her family were similarly afflicted. She denied heredity of gout or rheumatism, but confessed to having had rheumatic pains in her wrist, and her knuckles were very much enlarged. She also suffered from irritable bladder.

10. A young married lady, dysmenorrhœic. After several years of marriage, no children. Gouty heredity.

11. A married lady, dysmenorrhœic. After several years of marriage, a still-born child.

12. Two ladies—aunt and niece. The former a widow, metrorrhagic and dysmenorrhœic, no children. Says that no member of her family ever escaped gout. Tendency to bronchitis. Niece metrorrhagic only.

I have on two occasions been called to see young ladies who were almost cyanotic in paroxysms of asthma. One of these was a dysmenorrhœic, with gouty heredity, and I was surprised to find that the only treatment for her asthma had been stramonium, or datura tatula cigarettes, and a cough mixture. As she was about twenty-six years of age, and had been subject to these attacks for about ten years, I am afraid that the disease had taken too strong a hold to be easily cured. The other case was in a rheumatic patient, who was about sixteen. She had had a few scanty periods with much suffering, and always accompanied by severe asthmatic attacks. Cough mixture, and hot gin, or whisky and water, had been considered sufficient treatment for her.

I cannot, unfortunately, offer any suggestions derived from my own experience as to successful treatment, as I have never, except in one case (No. 3), seen the patient again. As a general rule, cinchona, iron, and abstinence from sweets, acids, and, above all, milk and cheese, may be found of service, and, where practicable, recourse should be had to those mineral waters which are of service in gouty and rheumatic cases. Turkish baths are serviceable, and salt-water baths, under proper precautions, most beneficial. Flannel should always be worn next the skin. I must not omit, however, what is perhaps of equal importance with iron—cod-liver oil. It should enter into the daily diet of these patients, and be as familiar an article of food as toast, potatoes, or tea.—*Edinburgh Medical Journal, September.*

LATE HEMORRHAGE IN THE PUERPERAL MONTH.

(Prof. F. A. Kehrer, in *Praktischer Arzt*.) The majority of these late hemorrhages (during the second and third weeks) have their origin from the point of placental attachment, and, in most cases, occur after the woman has left the bed. Examination of a

number of such cases showed three distinct conditions of the genital organs.

1. Most frequently, the somewhat enlarged uterus is found to contain a soft blood clot; after removal of this, the projection of the placental site can be felt. In these patients, the first week may have been normal, and the as yet unorganized clots at the placental surface detached by strong bodily exertion; or the patient may, from the first, have had symptoms of endometritis; this latter accident would very readily explain the delayed healing of the placental site or its necrotic softening. In such cases, the prognosis is almost always favorable.

2. In rarer cases, we find, within the uterine cavity, a hard, smooth tumor, varying in size from an acorn to a hen's egg; its center, macroscopically and microscopically examined, proves to be a portion of the placenta. Layers of blood and fibrine have been deposited around it, and the uterine contractions have given it an oval form. Kiwisch designates these as *fibrinous polypi*, Carl Braun calls them *placental polypi*, and Virchow, *polypiform hamatomæ*. In these cases, it has been observed that the after-pains have been very severe and have lasted unusually long, and that the puerperal hemorrhage, during the first few days, was excessive in amount. After the cessation of hemorrhage, the lochial discharge has an unpleasant odor, the uterus is painful, and, in the second or third week, frequently recurring hemorrhages take place, rapidly exhausting the woman's strength. Sometimes the polyp degenerates, and passes off with the lochia, or it may be spontaneously expelled by the uterus in its entirety. The retention of a part of the placenta may now and then be attributed to a partial placentitis (Hegar), which causes the affected portion to more closely adhere to the uterine surface; but, whatever be the cause, it should always be our aim to prevent such an accident.

3. Finally, there are cases in which the uterus and vagina are found filled with fresh clots, on removal of which, thin blood flows from the uterine cavity. These gushes occur with each succeeding pain. Internal examination fails to detect the site of placental attachment. The uterus is generally small in size.

This last class of cases leads to the most unfavorable prognosis, as the patients generally belong to the hemorrhagic diathesis, and the frequent hemorrhage from the genitals, alternating quite often with epistaxis, rapidly diminishes the patient's strength, and is succeeded by a high grade of anæmia.

In exploring the uterine cavity in all such cases, the greatest caution must be observed, as there is exceeding great danger of infecting our patients. Antiseptic injections (preferably 1-2 per cent. solutions of carbolic acid) should always be resorted to. After thoroughly cleansing the vagina, the uterine cavity should be similarly treated. In case of severe hemorrhage the ordinary hæmostatics (tampon, ice, ergot) should be employed. If necessary, undiluted liq. ferri sesquichlorid. may be used as the injection. If the lochia be not putrid, nor the uterus sensitive, exploration is then in order. Soft clots and placental polypi, if found, should be at once removed. The finger is, by far, the best instrument by which to accomplish their removal.

Constitutional treatment is indicated in all these cases.—*Cincinnati Clinic, from Schmidt's Jahrbucher*, No. 6, 1877.

ERGOT IN HEMORRHOIDS. By Edward S. Lansing, M. D., of Burlington, N. J.—It is conceded by the curious and most careful investigators and experimenters, and confirmed by the clinical observations of many practising physicians, that ergot produces a very decided effect upon the unstripped or involuntary muscular fibre, exciting it to contraction.

The uterus in the gravid state is the most familiar example in which its power is susceptible of very satisfactory observation.

In atonic hemorrhages, hæmoptysis, hæmaturia, its efficacy is acknowledged. In chronic congestion of the spinal cord and its coverings, its power to cure is vaunted by no less authority than Dr. Brown-Sequard. In the last-mentioned diseases the capillaries are involved.

Considering the pathological condition denominated hemorrhoids to consist in an enlarged condition of the veins (an increased length and diameter as a result of hæmostatic pressure at some

time) which continues after the inducing cause or causes are removed, simply on account of the relaxed and feeble condition of their coats, and conceding the power of ergot upon that greatest aggregation of unstriped muscular fibres in the human system,—the uterus,—also its power upon the capillaries, where the presence of the unstriped fibre has with difficulty been determined, as in hæmaturia and chronic congestion of the spinal cord, it suggested itself that ergot ought to relieve, and with so many favorable factors one could reasonably expect it would cure, many cases of hemorrhoids.

Having an intractable case on hand of twelve years' standing, I tested it.

I used ergotin in suppositories, four grains each, night and morning at first, subsequently at night only.

The first effect of the ergotin was to produce pain for half an hour or more, but after the use of three or four no unpleasant effect attended their use.

The hemorrhage ceased, the congested condition of the parts yielded, the hyperæsthesia was replaced by normal sensation, the hard, cordy condition of the veins passed away, and the slight tumefaction remaining suggested interstitial fibrinous exudation or cellular hyperplasia.

Having treated five cases with the ergot, in four of which the result was more satisfactory than I anticipated, the fifth is still under active treatment.

Having never seen the treatment suggested, and the result in my cases being so happy, I offer it that others may test it, and possibly much relief accrue to a numerous class of great sufferers. —Philada. *Medical Times*.

DILATATION OF THE CERVIX UTERI FOR THE ARREST OF UTERINE HEMORRHAGE.

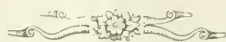
Dr. George H. Lyman, of Boston, read a short paper upon the above subject, in which he presented the claims of dilatation of the cervix uteri as a means for arresting uterine hemorrhage, and related cases in which the means had been adopted with advantage. The dila-

tation had been performed for purposes of diagnosis, and so marked had been the relief from the hemorrhage, which had been the alarming symptom, that special attention had been aroused to the dilatation as a means for its arrest. The first case was one in which there was a small fibroid on the upper part of the cervix; it had been attended by profuse and frequent hemorrhages. Dilatation by means of a tent was followed by immediate subsidence of the hemorrhagia occurring in a woman twenty-eight years of age, and in whom no deviation from the normal condition in the uterus could be found. She was liable at all times to sudden gushes of blood. Dilatation was followed by immediate relief; her periods became regular and the flow normal. To the third case not much importance was attached. The fourth case was one in which menorrhagia was present, dependent upon hyperplastic endometritis. The hemorrhage at times was profuse; for nine months the woman had been confined most of the time to her bed. Fibroids were also present. Dilatation, removal of masses of hypertrophied mucous membrane with the forceps, scraping the cavity with the curette, were followed by immediate and permanent relief, no menorrhagia having occurred for two years and a half. The fifth case was one in which the cavity of the cervix was dilated with a tent, the curette introduced, and small growths removed which had, upon microscopical examination, something the appearance of malignant disease. The dilatation and the use of the curette were followed by an arrest of the hemorrhage. In the first case, although the fibroid was not removed by extreme dilatation, the hemorrhage was immediately controlled. In the second case, hemorrhage, without discoverable cause, and of four years' standing, was relieved by the dilatation and had not returned. In the third case, hemorrhage was greatly diminished by the first tent introduced. In the third and fourth cases, it was impossible to affirm that dilatation alone would have arrested the flow, for in both cases the curette was employed, and hypertrophied mucous membrane and hyperplastic growths were removed; and yet it did not seem certain but that the dilatation, by removing the constriction of the cervix, might not have alone arrested the hemorrhage.

The theory with regard to the operation was, that it removed the constriction at the internal os, consequently relieved the tissues above that part. The suggestion was thrown out, had we not been too ready to substitute cause for effect, and was not the hyperplasia of the lining membrane of the uterus, etc., the consequence of strangulation of the cervical vessels by a moderate constriction of the circular fibers of the cervix, and with the removal of the one, relief would come with the other.—*Transactions of the American Gynecological Society, in Amer. Journ. of Obstet.*

HOWARD'S METHOD OF ARTIFICIAL RESPIRATION.—Dr. Benjamin Howard, of New York, in a late paper before the British Medical Association, objected to Hall and Silvester's method, and proposed the "direct method." In this, in order to dispose of accumulations in the stomach or chest, the patient being turned face downward, a firm bolster beneath the epigastrium made that the highest, the mouth the lowest point. Pressure being made on the back, the object was accomplished by both ejection and drainage. The patient, stripped to his waist, being quickly turned upon his back, the bolster was placed beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest points of the body, the hips, shoulders and occiput barely resting on the ground. The patient's wrists were seized, and the utmost possible extension being secured with them crossed behind his head, they were pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger armed with the corner of a dry-pocket-handkerchief, the tip of the tongue was withdrawn and held out of the extreme right corner of the mouth. (If a boy were at hand, both wrists and tongue might be confided to his care.) In this position, two thirds of the entrance to the mouth were free. The epiglottis, by this backward curvature of the neck, was precluded from the pressure often caused by undue flexion. The head, as Nèlaton urged, was dependent; the free margins of the costal cartilages were as prominent as they could be made. By crossing the wrists, the latissimi dorsi were brought further into play than usual,

and there was a fixed thoracic expansion, which Dr. Howard believed unattainable in any other manner. The epigastrium being the highest point, the diaphragm was neither embarrassed from pressure above nor from below. To produce respiration, the operator knelt astride the patient's hips, and rested the ball of each thumb upon the corresponding costo-xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator threw the whole weight of his body slowly and steadily forward until his mouth nearly touched the mouth of the patient, and while one might slowly count one, two, three; then suddenly, by a final push, he sprang back to his first position on his knees; remain there while one might slowly count one, two; then repeat, and so on, about eight or ten times a minute. The resiliency of the ribs insured an instant rebound to the point of departure. The operation was not fatiguing, the force employed being the weight of the operator, who remained in an easy position, with alternations of complete rest. It could be practiced by anybody, anywhere, before or after division of the funis; in a bath, bed, or boat; and friction, electricity, insufflation or tracheotomy could be practiced simultaneously, without inconvenience.—*Medical and Surgical Reporter*.



ABSTRACTS AND EXTRACTS.

MUMPS.—Communications concerning epidemic parotitis or mumps, have lately appeared in the *Arch. f. Klin. Chirurgie* xx, 3, p. 600, by Dr. M. Fehr, and by Chauvin and Juloux in the *Rec. de Mém. de Méd. etc., Milit.* 3, Sér. xxxii, p. 473—478, from which the following extracts are made:

After enumerating the epidemics of any extent which have appeared in the past century, Fehr takes up the relation between mumps and the acute exanthemata. Harless (1799), and after him Warnekross, Kopp and Horst saw mumps break out immediately after epidemics of scarlet fevers. In several cases of mumps there was even desquamation of the epidermis over the body and dropsical swellings. In several epidemics it was observed that the scarlet fever

epidemic subsided on the appearance of parotitis. It was observed also that just those individuals were attacked with mumps, who had been spared by scarlatina.

The immediate precedence or simultaneous occurrence of measles has likewise been received by Collin, Liverani, Wittke; of small pox, by Laghius and roseola by Rilliet; while the great mumps epidemic of Erlangen (1799) was followed by variola in very dangerous form; and in 1867 parotitis, small-pox and measles were all epidemic at once in Constantinople.

The mumps epidemic at Heidelberg, observed by Fehr, was attended and followed by scarlet fever, and three of his mumps patients were attacked during the disease with an eruption like *rötheln* (German measles).

That there is therefore, according to Fehr, a certain connexion between these diseases, can not be doubted any more than that the epidemic eruption of parotitis is due to a specific infection.

This view of specificity is strikingly proven by an observation of Rilliet where a girl went from a region entirely free from mumps, on a visit to a relative attacked with it; in eight days later she was attacked herself, and in two weeks communicated it to her brother. But that the infection of mumps, as König maintains, is like erysipelas, communicable to the salivary ducts where it produces catarrh and thence passed into the blood, is refuted by the observation that up to this time no affection of the mouth has ever been seen to precede mumps.

The implication of the different glands is in general very variable, while it is the parotid and sub-maxillary glands which suffer most and the tonsils and sublingual glands more rarely, still in some cases all the cervical glands are also affected and in other epidemics, as in that mentioned by Pranck, the submaxillary glands may alone suffer. It is justifiable, therefore, to regard mumps as an infectious disease in close relation to the acute exanthemata, mumps being especially characterized by acute swelling of the salivary glands, to which in all severe cases is associated an infiltration of the surrounding tissues. Occasionally there supervenes also a more or less painful swelling of the sexual glands. This complication usually develops when the swelling of the salivary glands is in process of subsidence. The organs that suffer are the testicle, more rarely the epididymus, the prostate, the ovary, breasts and also the labia majora. Sometimes these organs are affected before the salivary glands, and sometimes

they alone are affected, facts which sufficiently refute the idea of any metastasis. In several cases the volume of the testis diminishes after the swelling.

Fehr gives the particulars of the disease in his own person. He remarked that the point of departure in the swelling was not from the surrounding cell tissue, but was from the gland tissue itself. In bad cases suppuration may ensue in the surrounding tissue; this accident more frequently happens in elderly people. In ordinary cases the disease consists of a fluxionary hyperæmia of the gland without the peculiar character of an inflammation. To prove that mumps is a disease characterized by a specific alteration of the blood, Fehr mentions the fact that a febrile movement precedes the local manifestations by 2—8 days; also the case cited by Homans, of a woman who was attacked with mumps during labor, and whose child was likewise attacked on the day after its birth. But as the period of incubation of the disease is at least a number of days, the infection must have been effected through the mother's blood. "The mumps," says Fehr, "belongs in its whole being not to surgery, but to internal medicine, and must be included, as Lebert has shown, among the acute exanthematous diseases."

The report of Chauvin concerns an epidemic of mumps among soldiers, in which the complication with orchitis is of especial interest. Of 45 patients 15 were attacked towards the end, and one patient had the testicle and epididymus affected without any implication of the parotis at all. In six of these cases atrophy of the testis followed. In regard to the etiology, Chauvin believes in unfavorable hygienic and telluric influences. He does not believe in contagion or any transmission of the disease.

On the other hand Juloux proves contagion by showing that the disease always attacks members of the same company or barracks, in numbers at a time. He has also devoted especial attention to the complications on the part of the sexual organs. He found that of 35 cases, 14 were attacked with consecutive orchitis and that in all of these cases a noticeable atrophy of the organ ensued, an atrophy which became more and more pronounced with the lapse of time after the primary affection.—*Cincinnati Lancet and Observer*, from *Schmidt's Jahrb.*, 1877, No. 4.

THE RELATION OF THE SEXUAL LIFE TO ACNE ON THE FACE.

Mr. Jonathan Hutchinson says, in a recent lecture respecting the acne of the young, there is a very widespread opinion that it is usually the result of sexual disturbance. I have no doubt that this belief is well founded to some extent, but we must beware of exaggerating it. The eruption is chiefly met with in young celibates, whilst it is very rare under the age of puberty, and is often benefitted by marriage. It is possible, however, that its comparative rarity in the married may, after all, be a coincidence and not a sequence, and that we ought to consider it not so much a disease peculiar to celibacy as to the special age at which a large majority of the population are celibates. It may certainly occur before puberty. I have seen it not very infrequently in children, and once in a very marked form in the face of an infant of six months. It is also frequent in married persons of both sexes, and sometimes originates after marriage. I have known it occur in ladies who were bearing children, and in whom the sexual functions appeared to be in perfect activity.

Making full allowance for a considerable number of acne cases in which there appears to be no sexual cause, there are yet, I think, good grounds for accepting the general belief that in a majority of instances such is the fact. The remarkable influence which the sexual functions exercise upon the general health and upon the state of the nervous system is among the secrets known unto all men. That they should have the power of making the sebaceous glands of the skin enlarge and suppurate is certainly, if thought about, one of the most strange. I suspect that, when it occurs, it is brought about through the agency of the nervous system rather than of the blood. Women who are not liable to acne at other times sometimes have a few spots appear at each menstrual period, and that whilst in excellent general health. I have been assured by gentlemen liable to nocturnal emissions that they invariably had an increase of acne spots after such occurrences, and sometimes so immediately, that it was impossible to believe that any material change in the blood had occurred. In other cases sexual intercourse may produce the same result.

It is certainly not in cases of extreme sexual exhaustion that acne is most common. I have seen many such patients, both with and without spermatorrhœa, who had not a spot of acne, but, on the contrary, had skins which were perfectly smooth—in some instances

florid, in others very pale. It is, perhaps, rather a condition of sexual irritability than of exhaustion which produces acne. I do not think that the severity of the acne eruption bears any relation to the degree of sexual disturbance. In the worst cases that I have seen the patients often seemed to be in good health.

To dismiss the subject, we may remark that the prescriber ought, in respect to the acne of celibates, to bear in mind the possibility of a sexual cause. He will advise the adoption of measures likely to improve the general vigor, he will caution against any possible causes of debility, and he may, in some instances, suggest matrimony as the remedy most likely to prove successful.

THERAPEUTIC USES OF PILOCARPIN.—From some comparative trials which he has made with the internal administration of pilocarpin, Dr. Curschmann believes that the infrequency with which it causes vomiting, as compared with jaborandi, is principally due to its being used hypodermically, and thereby avoiding direct irritation of the stomach. Some persons, especially those who have been weakened by prior disease, complain of a sense of debility, but this usually soon passes off; but in others a complete state of collapse is produced, which may or may not be connected with prior vomiting. The possibility of this occurrence must always be borne in mind. It is dependent upon the amount of the dose and the susceptibility of the individual. It is oftenest met with in women and in those whose strength has been greatly reduced; and when the patient's constitution is not known, the first dose of the medicine should not exceed 0.02, while its effect should be watched for a quarter or half an hour. As far as the trials have gone, pilocarpin does not seem to act dangerously on the subjects of heart disease, and, indeed, can be employed when no other diaphoretic procedure for so long a period would be ventured upon. Indeed, as a therapeutical agent for the production of diaphoresis, it is superior to any other method in use, being more easily employed, while its action is more certain and more complete, without being more, or even so, dangerous as most of these. Its superiority over the various sweating-baths in ascites, hydrothorax, asthma, etc., is most marked. It is true that diaphoretic treatment is thought less of than formerly; but in several cases the difficulty of its application, rather than its inefficacy, is the cause of its not being resorted to. Speaking from his own experience, Dr. Curschmann has

found the pilocarpin very useful in œdema, in dropsy of the cavities from heart or lung disease, and in chronic nephritis, etc., and that after diuretic, drastic, and other means have failed. He believes that a large field for its employment may be found in pleurisy accompanied by serous exudation, both in promoting the absorption of this, and in preventing its re-accumulation after paracentesis. It is evidently indicated in chronic rheumatic affections, at least, so far as these are amenable to diaphoretic treatment.—*Medical and Surgical Reporter*, of October 6th.

BILIOUS ATTACKS.—Dr. Fothergill (in *Medical Times*) says of the treatment of bilious attacks to which dark-complexioned persons of the biliary diathesis are most subject: Rarely do persons of other diathesis and fair persons suffer from those disturbances which may fairly be said to be connected with the presence of bile acids in excess; while as to those forms of biliary disturbance where the urine is laden with lithates, the condition Dr. Murchison calls lithæmia, persons of other diathesis seem equally liable to them, and they are found in fair and dark people alike. For those bilious attacks, then, which occur chiefly in those of the bilious diathesis nothing is so good as alkaline saline purgatives taken in some vegetable infusion immediately on getting out of bed in the morning. This should be washed down with some warm fluid which excites the peristaltic action of the bowels, and, if necessary, a vegetable laxative pill should be taken the night before. After a couple of liquid motions—the more copious the better—the bilious person feels pretty equal to the day's work before him. Rochelle salts with a little sulphate of magnesium in infusion of buchu forms a most excellent morning purge, in my experience. Sir Joseph Fayrer has found in his Indian experience sulphate of magnesium, with quinine or gentian, sufficient to produce two or three loose motions, an efficient measure in biliary congestion.—*Southern Med. Record*.



EDITORIAL.

SECOND VOLUME.—With this issue the MARYLAND MEDICAL JOURNAL enters upon its second volume. Started under circumstances not the most favorable, considering the repeated failures of such enterprises in Baltimore, and with not a few misgivings, on the part of its friends, as to its ultimate success, it has been received and encouraged by the profession in a way that leaves no doubt of its future.

Only asking support commensurate with its merit, we are constrained to believe, from the favorable reception it has had, that the profession place a flattering estimate on it and we are proud to say, that, despite the severe trials to which all new enterprises are subject, its career has been one continuous round of successes and we are now safe in promising that it will long remain one of the permanent institutions of Baltimore and, we trust, a credit to the honored profession, everywhere, of which it aims to be a true exponent.

With a grateful sense of the obligations we owe those who have encouraged our efforts to serve the profession, and with a firm purpose to merit a continuance of their good wishes and support, we enter upon the work of our second volume with renewed hopes and aspirations, and may be permitted to express the wish that the pleasant relations heretofore existing between ourselves and our generous patrons may ever continue.

A NEW JOURNAL UNDER AN OLD NAME.—We have received the prospectus of the new North Carolina *Medical Journal* which is to be revived on January 1st, 1878, by Drs. M. J. De Rossett, and T. F. Wood, of Wilmington.

The career of the old journal, under the above name, is well known to medical readers and its reestablishment, at this time, will be hailed with pleasure.

The present editors need no introduction to the medical world. They are well known for their energy, zeal and professional attainments.

We shall gladly welcome this new candidate for favor, and we trust the editors and their *Journal* may have a long career of success and usefulness.

AVOID MISTAKES.—Not all the mistakes in the dispensing and administration of medicines are committed by the uneducated and unlicensed; physicians, and, more frequently pharmacutists, commit errors which, with a little thoughtful care, might be avoided.

With a view to self-protection physicians generally discard English entirely in writing prescriptions while some, we regret to say, do it as a means of mistifying the uninitiated. With the first it is no protection as druggists refill any prescription on the application of the patient or any one else giving its number, while with the second the abbreviation or misuse of medical terms frequently leads to serious mistakes.

For patients and physicians the safest plan would be to use plain English throughout, (except in terms for which there is no English equivalent), and *never abbreviate* any word or term.

A case was recently reported of a pharmacist's putting up corrosive sublimate for chloral hydrate, the prescription calling for *hyd. chlor.* This is only one of many mistakes that might be avoided by writing out the words *in full*, either in English or its technical equivalent as the prescriber deems best.

NEW MEDICAL SCHOOL.—Drs. T. W. Harris and W. P. Mallett will soon organize a medical school in connection with the University of North Carolina, at Chapel Hill. In the better days of the University, prior to the war, there was such a school at Chapel Hill as is now proposed to be organized there. The gentlemen having this enterprise in hand are physicians and teachers of acknowledged reputation and an admirable opportunity will thus be afforded students who are seeking an education at the University with a view of engaging in the practice of medicine. Drs. Harris and Mallett have our best wishes for their success in their laudable work.

WE again invite the attention of our subscribers and other readers to our advertisements, new and old.

We insert no advertisement of a questionable character, and do not seek the patronage of any but the most reliable houses, hence we can safely recommend all whose advertisements appear in the JOURNAL. Physicians or others dealing with any house represented in our columns can rely on just and fair dealing.

HYMENEAL.—On Tuesday, October 16th, Dr. T. A. Ashby, Resident Physician at the Baltimore Infirmary and one of the Editors of this Journal, was united in the holy bonds of wedlock to Miss Minnie Cunningham of Covington Ky.

Dr. A. B. ARNOLD, Professor of Diseases of the Nervous System and Clinical Medicine, delivered the lecture introductory to the regular Winter course of lectures, in the College of Physicians and Surgeons, on the evening of the first of October.

CAMPHENYL, a new product of coal tar, is recommended in all diseases which are connected with or are dependent on the presence of microscopic plants or animals.

Dr. W. E. A. AIKIN, Professor of Chemistry, delivered the first of the regular Winter course of lectures in the University of Maryland School of Medicine, on the first day of October.

THE TENTH ANNUAL MEETING of the Canada Medical Association was held in Montreal on the 12th of September, Dr. Hingston, president, in the Chair.

THE MARYLAND MEDICAL JOURNAL is on file and for sale at the office of the Baltimore News Company, Corner of South and Baltimore Streets, where back numbers can be obtained.

SUBSCRIBERS will confer a favor by promptly notifying us of any failure to receive the JOURNAL.

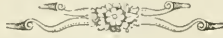
THE BI-WEEKLY has a few pertinent reflections on the advertising agency nuisance in which we heartily join.

THE attendance at both the medical schools, in this city, is large, the attendants representing a majority of states in the union.

THE regular winter course of lectures in the Baltimore College of Dental Surgery began on the 15th of October.

THE VIRGINIA STATE MEDICAL SOCIETY met in Petersburg on the 23rd. ultimo. We hope to present a report of its transactions in the December number of the JOURNAL.

THE CLINICAL SOCIETY and Baltimore Medical Association, of this city, began their regular meetings, for the winter season, on the first of October.



BRIEFS.

DECIDED DOSES IN NEURALGIA.—There is a prevailing and not a sound tendency to give medicine too timidly. Surgeon General Francis, of the British Army, remarks, in a recent article, that in neuralgia, for example, we are frequently told that everything has been unavailingly tried, and that the sufferer, tired out at last, has decided on going abroad. On inquiring into the extent to which the antiperiodic remedies—notably quinine and arsenic—have been pushed, it will be generally found that the doses were considerably less than he has been in the habit of prescribing with almost unvarying success. During a residence of several years in India he has frequently given, in suitable cases, from ten to twenty, and even thirty, grains of quinine; and where this has been ineffectual, from twenty to thirty minims of Fowler's solution of arsenic have succeeded in starving off the attack. The habit once broken through, smaller quantities of either drug will be sufficient, but the remedy must be continued for a few days. In some instances quinine and Fowler's solution together (from six to ten grains of the former and ten to fifteen minims of the latter), will produce the desired effect, which neither would have produced singly.—*Medical and Surgical Reporter.*

DISINFECTANTS.—Professor Hartshorne, in his lectures on hygiene, divided disinfectants into—I. Absorbents; *e. g.*, dry earth, lime, and charcoal. II. Antiseptics; sulphurous and nitrous gases, chloride of calcium, zinc, iron, chloralum, bromo-chloralum, sulphate of iron, and carbolic acid, III. Decomposing agents; for sulphurated hydrogen, salts of lead (nitrate); for dead organic matter, chlorine, bromine, and permanganate of potash. IV. Destroyers (?) of contagion and disease germs; carbolic acid, salicylic acid, heat, and cold.

THE VEGETABLE ORIGIN OF MALARIA.—Dr. Salisbury, of Ohio (*Medical and Surgical Reporter*), some years ago claimed to have discovered the microscopic vegetation which produces malarial disease. Recently, two Italian physicians, Signori Lanzi and Terrigi (*Monthly Microscopic Journal*), have discovered minute dark granules belonging to Cohn's group of pigmented sphæro-bacteria within the endochrome of algæ, which increase in number with decay of the latter. These granules yield on cultivation the *Monilia peniciliata* of Fries, and are indetical with the pigment granules of the liver, spleen, and blood of those who have suffered from malarial diseases. Lanzi has even obtained a *Zoogloea* by cultivation of these granules from a human liver. On the evaporation of the marshy pools of the campagna in summer, great sheets of decomposing algæ are exposed to the 'air, the sphæro-bacteria abound, and are found floating in vast numbers in the atmosphere, to the height of fifty centimetres above the level of the marsh.—*American Medical Bi-Weekly*.

CHINESE OPIUM SMOKING.—The Chinese Government has passed a permissive edict calling upon the governors of the various provinces to suppress the indulgence of opium smoking. A prolonged notice of three years from the present date is given before the edict comes into force. It remains to be seen how far an edict of the Government is capable of suppressing a vice so deeply rooted in the Chinese nation as that of opium smoking,

CAUSE OF DISEASE.—Sir Henry Thompson says: "I have visited rich and poor, high and low, all my life, and I solemnly declare that the great bulk of the disease with which I have had to deal arose from the drinking of intoxicating liquor. I do not mean what people call drunkenness, but the regular, steady customs in which most of us indulge every day of our lives."

ESMARCH ON CANCER.—In a recent lecture on cancer, Prof. Esmarch said that he had frequently seen cancer originate upon a syphilitic basis, and often where the syphilis had been latent for a long period. He advised that cancers and malignant growths, wherever occurring, should be treated by arsenic and iodide of potassium internally and externally, before proceeding to an operation.

DEPLORABLE FATALITY AMONG CHILDREN.—Our exchanges for several weeks past and from many different sections of the State have contained saddening accounts of the ravages of diphtheria in towns, counties and neighborhoods. This scourge has prevailed with devastating effect along the line of the North Carolina Railroad. We published, yesterday, from the Greensboro' *New North State*, a statement of the fatality attending it at Company Shops, accompanied by the further statement that the little ones of the village have been seized with a terrible fear and seem to regard themselves doomed to death. A passenger who arrived in this city yesterday on the North Carolina train, was told by a citizen of Thomasville as the train passed that point, that four children in that place died, Friday, of diphtheria. On that day there were six deaths in the village, two persons having died of consumption. This is sad intelligence indeed, and we can well imagine that there is a state of feeling in Thomasville amounting almost to a panic.—*Charlotte (N. C.) Observer*.

DEATHS FROM CHLOROFORM.—In the *Cincinnati Medical News* for August Dr. S. P. Cutter, of Memphis, Tenn., gives the details of the death of Dr. Jourdan, who died while having an eye extirpated under the influence of chloroform.

The *Toledo Medical and Surgical Journal*, August, 1877, reports a death from chloroform in the Homœopathic Hospital of Toledo. The subject was a boy, aged 12, who was undergoing an operation for talipes.

Two deaths are reported in England, recently, from the administration of chloroform—one at the London Hospital and one at the Royal Ophthalmic Hospital, Moorfields. f

The *British Medical Journal*, Aug. 18th, 1877, reports a case of "death from chloroform averted by the inhalation of Nitrite of Amyl."

OVARIAN TUMOR IN A CHILD.—A case of ovarian tumor in a child twelve years of age, is reported by Dr. McGraw of Detroit, in the *Toledo Journal*, (July No.) The tumor was of rapid growth; the child was undeveloped sexually, and had never menstruated. She was tapped and three gallons of bloody serum removed, containing some red blood corpuscles, but none of the usual granular corpuscles. The fluid rapidly reaccumulated, and at the end of four weeks ovariectomy was performed. The patient made a good recovery.

INFANT MORTALITY IN NORWAY.—The mortality of new-born infants in Norway is, on an average, 11 per cent., while everywhere else it has been 15 to 20 per cent.; and it has always been less for female than for male infants. The small mortality is claimed to be due to the fact that the women in all classes of society always suckle their infants during the first year, and very often much longer.

HYOSCYAMIN IN INSANITY.—The use of this remedy in the treatment of the insane has been tried by Dr. DeWitt, Medical Superintendent of the Longview Asylum, Ohio, who speaks very highly of its value. He contrasts it with chloral and opium, and says that it has, in addition to the hypnotic effect, a curative action. It appears to be especially indicated in recurrent mania and melancholia with depression. He gives it in doses of one grain of the alkaloid.

ARTIFICIAL EYES.—Between 8,000 and 10,000 artificial eyes are sold annually in the United States. The average cost of an eye is \$10, and the color for an eye most in demand is what is known as "Irish blue." Christian Hohn, a New York German, makes glass eyes for horses that will defy detection by all except accomplished experts.

SPECIMEN-COPY MEN.—The medical journals are waging war on those petty buccaneers or thieves, the specimen-copy men. These send postal-cards (not even a stamp furnished) to all medical editors asking for a "specimen copy of your valuable journal, with a view to subscribing," and thus get their medical reading matter by filching it. What shall be done with them? What do the subscribers say? Shall their names and addresses be published?—*Bi-Weekly*.

NOVEL MODES OF TREATMENT FOR WORMS.—A correspondent of the *Bi-Weekly* writes that a doctor in Arkansas uses the following treatment for worms:

"For small worms, give three doses of laudanum an hour apart; by this time the worms are asleep; then give a dose of oil and shoot them off while they are asleep."

"For tape-worms, starve the patient three days, and then bake a nice pie and let the patient smell it, when the worm will come up to get it; then catch him."

THE CLIMATE OF SOUTHERN CALIFORNIA.—According to a correspondent of the *Boston Medical and Surgical Journal* (Sept. 13, 1877), Southern California, and particularly the Ojai Valley, offers to invalids the following advantages: 1, mildness of temperature; 2, equability of climate; 3, dryness of atmosphere; 4, sheltered situation; 5, freedom from malarious diseases; and 6, plenty to amuse and interest visitors.

YELLOW FEVER still prevails to an alarming extent at Fernandina, Florida, and at Port Royal, S. C. Most of the population at the former place have suffered. There is great distress for the want of nurses, provisions, and money; as usual physicians from neighboring cities have volunteered their services, and there has been scarcely any suffering from the want of medical attendance.

DEATHS FROM ANÆSTHETICS.—Deaths from anæsthetics continue to be reported with alarming frequency in England. Two occurred in one week in London, one under chloroform, the other under a mixture of chloroform and ether. Fatty degeneration was found in both instances, at the post-mortems

DR. GRIFFITH recommends the following application to the ulcerations in the severe and very painful sore-throat of scarlatina: chloral, five grains; glycerine, twenty-five grains. After this has been applied with a brush the pain is much diminished, and the patient can swallow medicine or food without the severe pain which the action caused before.—*New York Med. Jour.*

HOW TO DEPRIVE IODINE OF ITS STAIN (*Ex. Am. Jl. Med. Sciences*).—Add a few drops of carbolic acid to the tincture and it will not stain; moreover, the tincture is more efficacious, and its action more certain. M. Boggs recommends the following formula for use in injections: Alcoholic tincture of iodine, 3 grammes; carbolic acid, 6 drops; glycerine, 30 grammes; distilled water, 150 grammes.

THE Canadian Journal of Medical Science, for August, says, it is reported that a Medical School is to be started in Ottawa.

BRITISH MEDICAL ASSOCIATION.—The 45th annual meeting of the British Medical Association was held in Manchester, commencing on the 7th of August. Dr. M. A. E. Wilkinson was appointed President for the ensuing year. Dr. W. Roberts, of Manchester, delivered the address on Medicine; Spencer Wells the address on Surgery; and Dr. Priestly of London, the address on Obstetrics.

A PULSE OF TEN BEATS PER MINUTE is reported in the *Paris Gaz. Medicale*. The case was pernicious algid fever. After several hours at the stated rate, it rose to twenty-five, and continued from twenty to twenty-eight for three days. The patient died.

IN THE *Revue de Therapeutique Medico-Chirurgicale* mention is made of a death having occurred from attempts to dilate a narrowed os uteri by means of sponge tents. Peritoneal effusion, and an abscess containing an ounce and a-half of pus beside the neck of the uterus, were found *post-mortem*.

MARY SMITH, a graduate of Mount Holyoke Seminary, and who has been for over two years studying medicine at Zurich, Switzerland, is visiting her home at Westfield, Mass. She returns next month, to complete her course, and will then begin to practice in this country. Thus, little by little, the Smith family are being turned to a good account.

THE HOTEL DIEU, PARIS.—The new Hotel Dieu was officially opened on the 11th of August by Marshal MacMahon. It appears to have cost forty millions of francs and contains only 400 beds.

TRAUMATIC TETANUS.—Dr. G. A. Evans reports (*Trans. Med. Soc. County of Kings*, September, 1877) a case in which nitrite of amyl seemed to do harm, but in which recovery followed the bold administration of cannabis indica.

CREMATION seems to be progressing in Switzerland. The government of the canton of Zurich has just authorized the process, which is, of course, to be optional, and subject to certain restrictions.

DR. SAM'L. A. MUDD, the physician who attended Wilkes Booth and set his leg after Lincoln's assassination, and afterward was sentenced to the Dry Tortugas, and pardoned by President Johnson, has been nominated to the legislature by the Democrats of Charles county, in this State.

MR. SIMON (*Chicago Medical Journal and Examiner*) states that he instantaneously cured a case of hiccough which had lasted twenty-six hours by the inhalation of three drops of nitrite of amyl.

SURGEON-IN-ORDINARY TO THE QUEEN IN SCOTLAND.—This position, which was vacated by Mr. Lister's removal to London, has been conferred upon Prof. George Macleod, of Glasgow.

IN his report on the Pathological Institute of the Charité Hospital in Berlin, Professor Virchow states that 2,736 post-mortem examinations were made there in 1875.

THE last number of "Silliman's Journal" contains an article "on the crystalline form of the hydrous and anhydrous varieties of ethylenargentamine-ethylenammonium nitrate."

THE British Parliament appropriates \$10,000 a year to scientific investigations into the causes and processes of disease.

DR. FULTON, Editor of the *Canada Lancet*, has been elected to the Senate of Toronto University, as the Trinity School representative.

THE Senate of the London University has resolved to admit women to degrees in medicine.



BOOKS & PAMPHLETS.

THE EAR: ITS ANATOMY, PHYSIOLOGY, AND DISEASES.—A PRACTICAL TREATISE FOR THE USE OF MEDICAL STUDENTS AND PRACTITIONERS. By Charles H. Burnett, A. M., M. D., Aural Surgeon to the Presbyterian Hospital; Surgeon in charge of the Infirmary for Diseases of the Ear, Philadelphia. Published by Henry C. Lea, Philadelphia, 1877. For sale by Cushing & Bailey, 262 W. Baltimore Street, Baltimore, Md.

The medical student and general practitioner have long felt the need of a book of this character on an organ so little understood and yet so important as the Ear. The author has presented in the volume clearly but concisely the great advances which have been made of late years in otology and has indicated the direction in which further researches can be most profitably carried on.

The work is divided into two parts. In part I the anatomy and physiology of the Ear are minutely, yet explicitly, detailed in a manner not to be found in any of the ordinary text books. In part II the diseases and treatment of the Ear are fully and practically presented. To the medical student and general practitioner, this work is indispensable, and will not be found void of interest to the specialist. The entire volume is handsomely illustrated and printed in the attractive style so characteristic of the Publishing House of Henry C. Lea.

TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY.—

TWENTY-SECOND ANNUAL CONVENTION; held at Louisville, Ky., April 3, 4, and 5, 1877. Louisville: Printed by John P. Morton & Co., 156 W. Main Street, 1877.

The Transactions of the Kentucky Medical Society for 1877, come to us in an elegant and attractive volume, reflecting great credit upon the industries and talent of the Profession in that state. It contains a number of valuable papers by distinguished medical men throughout the state, the literary merits of which are far above the average. Judging from this volume we should say that this state society indicates a degree of healthfulness most creditable and encouraging. The volume is beautifully printed, a model style for similar publications.

PHYSICIAN'S CASE-RECORD LEDGER. Cincinnati; Robert Clarke & Co., Publishers—1877.

A convenient and handy book in which physicians may with ease and facility keep their accounts accurately and with little loss of time. It is so simply arranged as to be readily comprehended and understood. An admirable part of it is a Nosological Index by which the physician can readily refer to any case treated.

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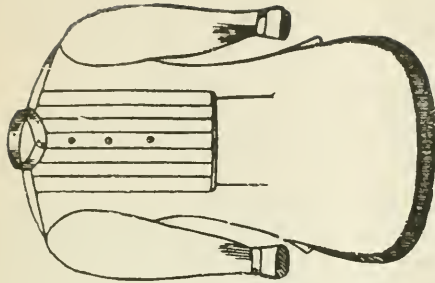
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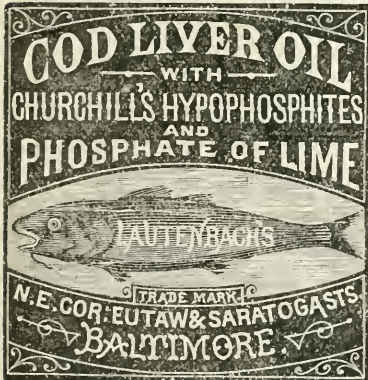
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Acid Hydrochloric.	-	-	-	2½ minims

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Malt Sugar 46.1; Dextine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash-Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

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QUINIA	“ “ “	993
CINCHONIDIA	“ “ “	990
CINCHONIA	“ “ “	977

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THE PRELIMINARY AUTUMNAL TERM for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

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AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.	WILLIAM M. POLK, M. D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
W. H. VAN BUREN, M. D., Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.	AUSTIN FLINT, JR., M. D., Professor of Physiology and Physiologic Anatomy, and Secretary of the Faculty.
LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.	JOSEPH D. BRYANT, M. D., Lecturer on General, Descriptive, and Surgical Anatomy.
ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.	R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology.
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EDWARD L. KEYES, M. D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.	A. A. SMITH, M. D., Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and in the College building.

FEES FOR THE REGULAR SESSION.

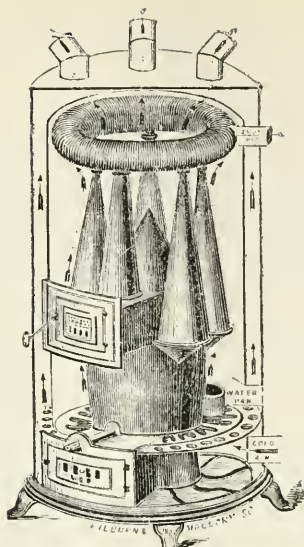
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FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
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Dissection (Ticket good for the following Winter).....	10 00

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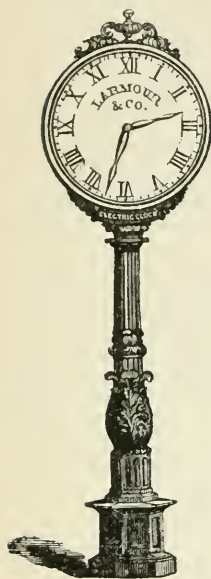
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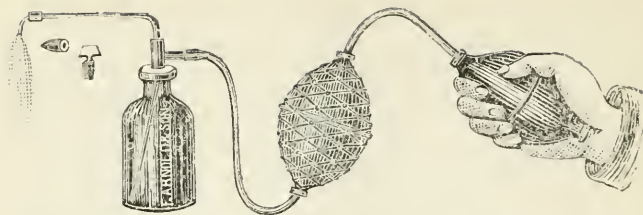
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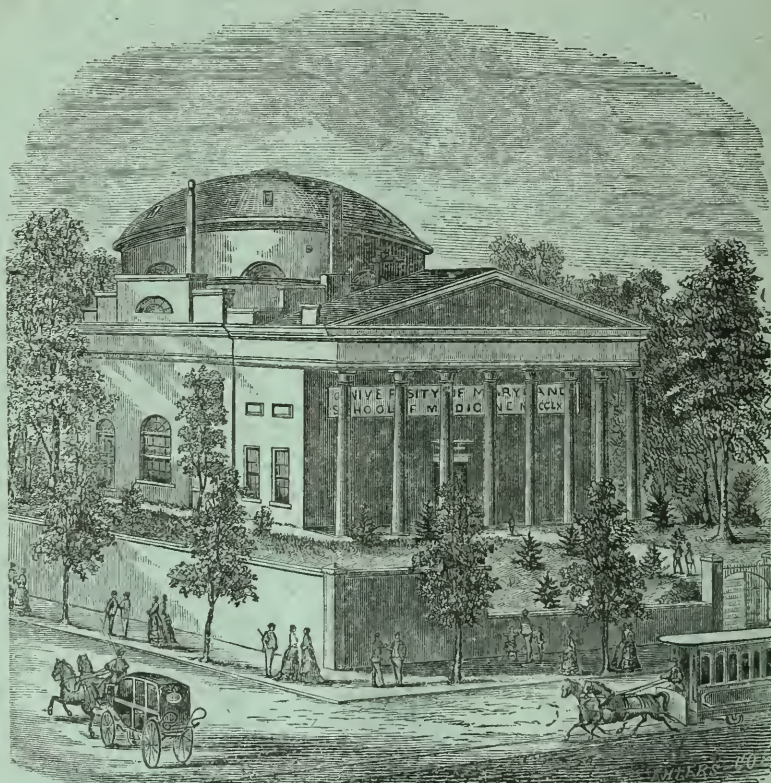
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